

# FUNDS REIMBURSEMENT FORM

Jack Harvey Volunteers (JHV)



Please fill in the highlighted sections and return to the JHV Mailbox

**\*\*A CHECK WILL NOT BE ISSUED WITHOUT RECEIPTS, BILL, OR INVOICE ATTACHED\*\***

YOUR NAME:

PHONE or EMAIL:

PROJECT/CATEGORY/COMMITTEE

ITEMS:

DATE SUBMITTED:

DATE MAILED:

☐

INCLUDED IN ANNUAL BUDGET

or

☐

APPROVED AT MEETING

DATE:

CHECK PAYABLE TO:

AMOUNT:

☐

PLACE IN MY MAILBOX AT SCHOOL

☐

SEND HOME WITH CHILD (CHILD'S NAME AND  
TEACHER BELOW):

☐

MAIL TO ADDRESS BELOW:

YOUR SIGNATURE:

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Additional Notes/Comments:

FOR JHV USE ONLY

APPROVED BY (JHV OFFICER)

DATE:

APPROVED BY (JHV OFFICER)

DATE:

FOR TREASURER'S USE ONLY: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_